

## IDVR Referral Information



### MY PERSONAL INFORMATION:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

SS#: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

I am a previous Voc Rehab Client? ☐ Yes ☐ No If Yes, Where? \_\_\_\_\_

First Name: \_\_\_\_\_

Middle: \_\_\_\_\_

Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Previous Last Name: \_\_\_\_\_

### MY ADDRESS:

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_ - \_\_\_\_

County: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_ - \_\_\_\_

County: \_\_\_\_\_

Primary Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

☐ Voice

☐ TDD

☐ Fax

Second Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

☐ Voice

☐ TDD

☐ Fax

E-mail: \_\_\_\_\_

### Select one or more of the following races/ethnicities:

☐ American Indian or Alaskan Native

☐ Hispanic or Latino

☐ Asian

☐ Native Hawaiian or Other Pacific Islander

☐ Black

☐ White

Primary Language: \_\_\_\_\_  
English ASL Spanish Other

Special Language Needs: ☐ Yes ☐ No

If Yes, Explain: \_\_\_\_\_

**CONTACTS:** (Examples: Family, Friends, PO, Case Worker Etc.)

	Name	Relationship	Phone	Ext.#	Voice/ TDD/ Fax
1.			( )- -		
2.			( )- -		
3.			( )- -		

Who referred me to Voc Rehab: \_\_\_\_\_

What are my current living arrangements? (Private Residence, Halfway House, Shelter Etc.)

\_\_\_\_\_

Marital Status: ☐ Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Never Married

Spouse's Name: \_\_\_\_\_

**FINANCIAL:**

Number of family members living with me: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_

Names and ages of children: \_\_\_\_\_

Currently owe Child Support: ☐ Yes ☐ No Amount: \$ \_\_\_\_\_

My Primary Source of Support: (Current Earnings, Friends & Family, Public Assistance, Etc.)

\_\_\_\_\_

I have one or more of the following medical insurances:

☐ Medicaid

☐ Private insurance through own employment

☐ Medicare

Provider \_\_\_\_\_

☐ Worker's compensation

☐ Public insurance from other source

Provider \_\_\_\_\_

☐ None

☐ Private insurance through other means

Provider \_\_\_\_\_

☐ Yes    ☐ No    ☐ Unknown

SSDI Status:                                                         
allowed        denied        pending        terminated        not an applicant

SSI Status:                                                         
allowed            denied            pending            terminated            not an applicant

cash                  other                                  cash                  other

SSI Aged: \$ \_\_\_\_\_ ☐ Worker's Compensation: \$ \_\_\_\_\_ ☐

SSI Disabled: \$ \_\_\_\_\_ ☐ Other Disability: \$ \_\_\_\_\_ ☐

SSDI: \$ \_\_\_\_\_ ☐ Other: \$ \_\_\_\_\_ ☐

VA: \$ \_\_\_\_\_ ☐ TANF: \$ \_\_\_\_\_ ☐

## EDUCATION

Last level of education completed (High School / GED / HSE / College): \_\_\_\_\_

Date Completed: \_\_\_\_\_

I received services under an Individualized Education Program (IEP) or 504 Plan ☐ Yes ☐ No

I am currently a high school student participating in a transition program: ☐ Yes ☐ No

If I am attending High School, the name of the school is: \_\_\_\_\_

**EMPLOYMENT:**

Last Year Employed: \_\_\_\_\_ I am currently working: ☐ Yes ☐ No

Hours Worked per Week: \_\_\_\_\_ Salary: \_\_\_\_\_ ☐ Hourly ☐ Weekly ☐ Monthly

## My Work History

(Approximate dates and salary is needed)

(Please make sure to include negative work history so that we better know your needs)

	Employer Name and Address	Job Title	Job Duties	Hours Per Week	Salary Start / Ending	Start/ End Date	Reason for Leaving
1							
2							

3							
4							
5							

**DISABILITIES:**

I have been diagnosed or treated for the following disabilities:

(Physical, Injuries, Mental Health, Depression, Substance Abuse, Learning Disability etc.)

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My disability makes it difficult to:

(Describe how it affects you in the space provided)

☐ Stand    ☐ Walk    ☐ Sit    ☐ Lift    ☐ Bend    ☐ Use Hands or Feet

Explain: \_\_\_\_\_

☐ See    ☐ Hear    ☐ Read    ☐ Write

Explain: \_\_\_\_\_

☐ Concentrate   ☐ Remember   ☐ Learn    ☐ Understand

Explain: \_\_\_\_\_

☐ Handle Stress    ☐ Control Emotions    ☐ Work with Others    ☐ Communicate

Explain: \_\_\_\_\_

☐ Other: \_\_\_\_\_

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I am participating in the following program(s):

☐ None

- |   |   |
|---|---|
| <input type="checkbox"/> Adult Correction                             | <input type="checkbox"/> Community Supported Employment                 |
| <input type="checkbox"/> General VR Kidney                            | <input type="checkbox"/> IDOC Reentry Program                           |
| <input type="checkbox"/> Juvenile Correction                          | <input type="checkbox"/> Medicaid                                       |
| <input type="checkbox"/> Medicare                                     | <input type="checkbox"/> Migrant Farm Worker not in Section 304 Project |
| <input type="checkbox"/> Migrant Service Coordination Grant Under 304 | <input type="checkbox"/> School-Work                                    |

Have you been convicted of a felony: ☐ Yes ☐ No

Describe: \_\_\_\_\_

Currently on Probation / Parole: ☐ Yes Probation/Parole officer is: \_\_\_\_\_

Current & Valid Driver's License: ☐ Yes ☐ No (explain)\_\_\_\_\_

Veteran: ☐ Yes ☐ No

### **DOCUMENTATION**

How do you think Vocational Rehabilitation can help you get a job and keep a job?

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\*\*\*\*\*AGENCY USE ONLY\*\*\*\*\*

*Next step in establishing eligibility:*

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*Additional information or comments:*

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